

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000106225

Entity Name: 644 ARBOR LAKE, LLC

Current Principal Place of Business:

1715 W. CLEVELAND ST.
TAMPA, FL 33606

Current Mailing Address:

P.O. BOX 1031
TAMPA, FL 33601

FEI Number: 90-1007830

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MYERS, MATT C ESQ.
1715 W. CLEVELAND ST.
TAMPA, FL 33606 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MANAGER
Name SOROORY SHIELDS, LLC
Address P.O. BOX 1031
City-State-Zip: TAMPA FL 33601

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: A. SOROORY

**AUTHORIZED
REPRESENTATIVE**

03/16/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date